



State of New Hampshire
Board of Pharmacy

121 South Fruit Street
Concord, NH 03301-2412
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.nh.gov/pharmacy/

REGISTRATION FEE:

\$25.00

NO CASH – CHECK OR MONEY ORDER
ONLY PAYABLE TO:
Treasurer, State of New Hampshire

PHARMACY INTERN – INITIAL REGISTRATION FORM

October 1, 2015 – September 30, 2016 Registration Period

ALL SECTIONS MUST BE COMPLETED.

PRINT CLEARLY - ILLEGIBLE, COPIED, OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. GENERAL INFORMATION

Applicant's Name		First	Middle	Last
Current Mailing Address				
City		State	Zip Code	Home Phone () -
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (If Non-U.S. Citizen, Write N/A)		Date of Birth (MM/DD/YY) / /	
Email Address (Must be entered to receive your intern certificate):				
Have you ever been known under any other name (i.e. Maiden Name)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:				

2. CURRENT PHARMACY PROGRAM

Name of College/University of Pharmacy Where You Are Currently Enrolled or Graduated	Completed or Anticipated Month & Year of Graduation From Pharmacy Program Month / Year
Complete Address of College or University	

3. REGISTRATION AS A PHARMACY INTERN

Are you now or have you ever been registered or licensed as a pharmacy intern in NH or any other state? ☐ Yes* ☐ No
*If yes, indicate which state(s), and whether or not the registration/license is current. _____

4. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS - ALL QUESTIONS MUST BE ANSWERED.

- Have you ever been convicted, fined, disciplined or had your registration/certification/license revoked for violation of pharmacy-related drug laws/regulations in this or any other state? ☐ Yes* ☐ No * If Yes, Attach Explanation.
- Are you presently charged with violations of pharmacy-related drug laws/regulations in this or any other state? ☐ Yes* ☐ No * If Yes, Attach Explanation.
- Have you ever been charged or convicted of a felony as defined under any state or federal law? ☐ Yes* ☐ No * If Yes, Attach Explanation.
- Have you ever voluntarily surrendered your pharmacy intern registration in this or any other state or jurisdiction? ☐ Yes* ☐ No * If Yes, Attach Explanation.

*Please explain each yes answer (additional information may be listed on back)

5. APPLICANT'S STATEMENT

I certify that I am the person described and identified in this application; that I have read Ph 1600 of the NH Code of Administrative Rules, available at each licensed pharmacy and online at http://www.nh.gov/pharmacy/laws/intern_rules.htm and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my registration as a pharmacy intern in the State of New Hampshire.

Signature: _____

Date: _____

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT WILL NOT BE ACCEPTED.
YOUR 2015-2016 REGISTRATION CERTIFICATE WILL BE **E-MAILED** TO YOU WITHIN 2 WEEKS OF RECEIPT OF COMPLETED APPLICATION.